

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10/541443

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/		51						
2		/	/		/		52						
3		/	/		/		53						
4		/	/		/		54						
5	0		/		/		55						
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49							99						
50							100						
TOTAL IND.	/	↓	/	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	4	←	7	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	5	██████	8	██████		██████	TOTAL CLAIMS		██████		██████		██████